

**MONTICELLO CITY UTILITY SERVICES
AUTOMATIC WITHDRAWAL AUTHORIZATION FORM**

Name _____

Service Address _____

Phone _____

Email _____

MCUS Acct # _____

Financial Institution _____

City, State _____

*Routing # _____

Bank Account # _____

Account Type (circle one) Checking Savings

I hereby authorize the City of Monticello and the financial institution listed above to initiate electronic debit entries and/or adjustments for any debit entries in error using the account details I have provided. This authority will be effective as of the date of my signature below and shall remain in effect until I cancel it, in writing, at least 15 calendar days prior to the next billing period. I understand that I am responsible for notifying MCUS as soon as possible if my account details change and that the return of any payment due to insufficient funds, account closed, or failure to communicate account changes will result in a penalty of \$30. These terms are subject to change in accordance with City of Monticello Ordinances.

Signed: _____ Date: _____

*The routing number for your bank is a 9-digit number that can typically be located in the bottom left corner of your checks.